

# MEMORANDUM

To: Council Member Scott Benson, Chair,  
Intergovernmental Relations Committee

CC: Andrea Hart-Kajer, Karen Wagner

From: David S. Doth (ext. 3798)

Re.: Health and Family Support 2002 Legislative  
Priorities

Date: January 22, 2002

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The Department of Health and Family Support (DHFS) works to ensure that all families are healthy and fully share in the social and economic opportunities of the City of Minneapolis. As the department serves residents by working in partnership with community organizations, other units of government, schools, and health and human services agencies, several state level policy issues rise to the top of our priorities in terms of their effects on the health and economic needs of Minneapolis residents. DHFS submits the following legislative issues to the IGR Committee to consider for inclusion in the City's 2002 legislative agenda:

## **Promoting Healthy Youth**

DHFS is a recipient of funding from the tobacco endowment funds (including youth risk behavior) and TANF home visiting funds. These funds are currently used to prevent youth from smoking and engaging in other unhealthy behaviors, by providing healthy lifestyles curriculum in the public schools, youth smoking prevention interventions, youth development activities, and providing public health nurse home visits to pregnant and parenting teens. These funds have been instrumental in reaching at-risk young people with messages and interventions to improve their chances of realizing their full potentials. In Minneapolis, statewide and local initiatives funded through the tobacco endowment have helped reduce teen smoking rates from 28% in 1998 to 19% in 2001 (as indicated in the 2001 Minnesota Student Survey, 9<sup>th</sup> grader responses). With the state's projected budget shortfall, these funding sources may be targeted and should be protected.

In addition, minor consent laws permitting adolescents to see medical providers for reproductive health, mental health and chemical dependency issues without informing a parent or guardian are also often challenged at the state legislature. These laws must be protected so that teens will seek the health services they need, and to insure these services will be available to them through DHFS's and other school-based clinics.

## **Managed Care Accountability**

On various fronts the work of DHFS, along with its partners, has revealed important gaps in health services, including services to insured residents. Some of these gaps are especially

pronounced for low-income people enrolled in health plans through Prepaid Medical Assistance Program (PMAP—Minnesota’s Medical Assistance managed care plan). Specific areas identified for improvement include: improved frequency and content of preventive exams for children, universal lead screening for urban children, implementing a standard of perinatal care coordination which includes addressing social issues that prevent adequate health care and influence pregnancy outcomes, and provision of mental health services to MFIP clients. Department staff are currently working with Sen. Linda Berglin to explore these topic areas in detail, to outline and propose legislative and other solutions. One option is to support proposals that would withhold a percentage of payments to health plans based on their ability to achieve performance goals in their contracts. Health plans should also be required to collect race data on their enrollees in order to document health and service needs by race, and to track progress on eliminating racial health disparities.

### **Racial Health Disparities**

While Minnesota consistently ranks as one of the healthiest states in the country, tremendous disparities exist between Whites and people of color in Minnesota. Minneapolis is home to 26% of the state’s populations of color, and has documented even greater health disparities in its urban populations of color than those that exist in Greater Minnesota. The 2001 legislature allocated \$4.95 million per year from the general fund to address racial disparities in health in the following areas: infant mortality, immunizations, breast and cervical cancer screening, HIV/AIDS and sexually transmitted infections (STIs), cardiovascular disease, diabetes, accidental injuries and violence, teen pregnancy, and TB. The competitive proposals for the first round of this funding, many of which aim to serve Minneapolis populations of color, are currently under review. Protecting this funding to address racial health disparities is imperative to making inroads into the health issues of Minneapolis residents.

### **Environmental Health**

DHFS and Environmental Health are working with many partners to prevent/reduce lead poisoning in Minneapolis. During the last legislative session, the Sustainable Resources Center received \$400,000 for the biennium for their ClearCorps program. ClearCorps does remediation, engages in prevention activities, does some work with soil contamination, and maintains two units of safe housing for family relocation while remediation is taking place. We oppose the Governor’s proposal to eliminate the funding for this program.

### **Supporting the Work of Others (not listed in priority order):**

#### Leave No Child Behind

Support Children’s Defense Fund Minnesota’s (CDF) legislative agenda called Leave No Child Behind. This is a comprehensive agenda that includes protecting the funding for programs that serve children and their families and expands programs like childcare, health coverage, homelessness prevention, etc.

#### Workforce Issues

Support the efforts of the Minnesota Workforce Council Association to: (1) stabilize funding for the Dislocated Worker Program; (2) address agency reorganization and local workforce council authority; (3) increase and target TANF funding to address MFIP program needs in the economic downturn, and to streamline administrative burdens; and (4) increase funding to Food

Stamps Employment and Training (FSET) to address the economic downturn and maintain a safety net for those who time-off MFIP.

Public Health Emergency Preparedness and Response

- Support the Local Public Health Association in their efforts to: (1) include public health officials in local emergency operation planning; (2) improve the statewide health alert network; (3) expand local and regional exercises related to biological and chemical events; and (4) improve funding to local public health departments to carry out essential public health functions.
- Support increased funding for immunization registries.

Keg Registration

Support Mothers Against Drunk Drivers efforts to pass keg registration. Keg registration would enable law enforcement to hold social providers of alcohol to underage persons accountable.

\$1 per Pack Tobacco Tax Increase

Support increasing the Minnesota excise tax on cigarettes by \$1.00 per pack in order to reduce overall teen smoking in the state, and to provide between \$300 and \$350 million in new excise and sales tax revenues to Minnesota each year. (See attached briefing memo for details.)